

FREELANCE INVOICE TEMPLATE

Your Business Name

123 Main Street
Hamilton, OH 44416
(321) 456-7890
email@address.com

DATE

03/15/18

INVOICE NO.

A246

BILL TO

ATTN: Name / Dept
Company Name
123 Main Street
Hamilton, OH 44416
(321) 456-7890

DATE PAYMENT DUE

04/15/18

LEAD TIME

2 wks

PROJECT DETAILS

Provide brief overview of or any pertinent information regarding the project, if applicable.

DATE	DESCRIPTION OF WORK	HOURS	RATE	TOTAL
3/11/18	Consultation; flat rate	1	\$75.00	\$75.00
3/12/18	Design	12	\$50.00	\$600.00
3/13/18	Shipping	1	\$30.00	\$30.00
3/13/18	Discount	1	-\$30.00	-\$30.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
REMARKS / INSTRUCTIONS			SUBTOTAL	\$675.00
Make checks payable to			TAX RATE	3.80%
			TOTAL	\$700.65

THANK YOU

For questions concerning this invoice, please contact
Name, (321) 456-7890, Email Address

www.yourwebaddress.com